

STATE OF UTAH - LABOR COMMISSION
 Division of Industrial Accidents
 P.O. Box 146610
 Salt Lake City, Utah 84114-6610
 (801) 530-6800 1-800-530-5090 TDD (801) 530-7685

EMPLOYEE NOTIFICATION OF DENIAL OR PARTIAL DENIAL OF CLAIM

Employee: _____ Date of Alleged Injury: _____

Address: _____ Phone Number: _____

City, State: _____ Social Security: _____

Employer: _____

Insurance Carrier: _____ Date Carrier was Notified: _____

Claim #: _____ Date of Denial: _____

Adjustor: _____ Adjustor's Address: _____

Adjustor's Phone Number: _____

NOTICE TO THE CLAIMANT: If you are in disagreement with the denial and cannot resolve your differences by talking with the carrier and/or your treating physician, you can file for mediation and/or application for hearing. To obtain an application for mediation and/or a hearing, contact the Utah Labor Commission, Division of Industrial Accident at (801) 530-5090.

Please check appropriate reason for denial (if a partial denial is issued, please refer to the section below).

_____ Failure by an employee claiming benefits to sign releases for medical information.

_____ Injury/Occupational Disease did not occur within the scope of employment.

_____ Medical information does not support the claim.

_____ Claim not filed within the statute of limitations.

_____ Claimant is not an employee.

_____ Claimant has failed to cooperate in the investigation of the claim.

_____ Pre-existing condition. (Please be very specific.) _____

_____ Other - A specific reason must be given. _____

Please check appropriate reason for partial denial.

_____ Tested positive to a drug/alcohol chemical test -Medicals only paid.

_____ Disputed validity -Medicals only paid.

_____ Disputed validity -Compensation only paid.

(Please give a brief explanation of any item checked above): _____

LABOR COMMISSION RULE GOVERNING ACCEPTANCE/DENIAL OF THE CLAIM

R612-1-7. Acceptance/Denial of a Claim. (Refer to the Utah Labor Commission Workers' Compensation Rules for complete text.)

A. Upon receiving a claim for workers' compensation benefits, the insurance carrier or self-insured employer shall promptly investigate the claim and begin payment of compensation within 21 days from the date of notification of a valid claim or the insurance carrier or self-insured employer shall send the claimant and the division written notice on a division form or letter containing similar information, within 21 days of notification, that further investigation is needed stating the reason(s) for further investigation. Each insurance carrier or self-insured employer shall complete its investigation within 45 days of receipt of the claim and shall commence the payment of benefits or notify the claimant and division in writing that the claim is denied and the reason(s) why the claim is being denied.

B. The payment of compensation shall be considered overdue if not paid within 21 days of a valid claim or within the 45 days of investigation unless denied.

C. Failure to make payment or to deny a claim within the 45 day time period without good cause shall result in a referral of the insurance company to the Insurance Department for appropriate disciplinary action and may be cause for revocation of the self-insurance certification for a self-insured employer.

Copies must be sent to: Labor Commission, Employee